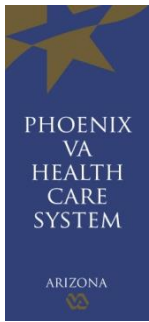


PSYCHOLOGY POST DOCTORAL BROCHURE



Phoenix VA Health Care System
Psychology Postdoctoral Residency Training Program
Psychology Section (116B)
650 East Indian School Road
Phoenix, Arizona 85012



Director of Training: Kathryn Doyle, Ph.D.
Chief of Psychology: Leslie Telfer, Ph.D.



Application Due Date: January 9, 2016
Start Date: September 6, 2016

Psychology Postdoctoral Fellowship Program

Fellowship Training Brochure | 2016 - 2017 Training Year

Executive Group

Leslie Telfer, Ph.D.

Chief, Psychology Service – Phoenix VA Healthcare System

Kathryn Doyle, Ph.D.

Director, Postdoctoral Fellowship Training Program

Training Group

Clinical Psychology Training Program Track Coordinators

Training Director

Kathryn Doyle, Ph.D.

Neuropsychology Training Program

Lead and Assistant Training Director: Kris Kratz, Ph.D., ABPP

Chronic Pain Management

Lead: Heather A. Okvat, Ph.D.

General Mental Health

Lead: Andrea Chambers Hekler, Ph.D.

Posttraumatic Stress Disorder

Lead: Karen Kattar, Psy.D.

Primary Care Mental Health Integration (PCMHI)

Lead: Kristy Straits-Troster, Ph.D., ABPP

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PROGRAM OVERVIEW

We are excited about our Psychology Postdoctoral Fellowship Program at the Phoenix VA Health Care System. It is an honor to work with our Veterans to provide quality services to them as a token of our appreciation for what they have done for us. Also, their unique experiences lead to unique training opportunities and we are excited to be able to train new professionals to address the concerns of our Veterans.

We offer seven Fellowship positions for the 2016-2017 academic year. These positions are in the area of General Clinical Psychology with the following areas of emphasis:

- Primary Care-Mental Health Integration (PCMHI) (2 Fellows)
- Chronic Pain Management Program (2 Fellows)
- General Mental Health (1 Fellow)
- Posttraumatic Stress Disorder (1 Fellow)
- Combined General Mental Health/Posttraumatic Stress Disorder (1 Fellow)

These Fellowships are organized with a general goal of producing graduates who have the broad requisite knowledge, skills and proficiencies necessary to assume a number of different roles as professional psychologists, and a depth of experience in both Clinical Psychology as a whole and within their area of emphasis. We believe that graduating Fellows should exhibit behavior that is consistent with professional standards and be able to provide competent assessment, interventions, consultation and supervision. Additionally, Fellows will become highly trained in working with a specific Veteran population. These Fellows will be well positioned to continue their professional careers in an area of high need within the VA system.

While we also have a two-year Fellowship in clinical neuropsychology, we will not be accepting applications for the 2016-2017 training year. We will be excited to accept one Fellow for the 2017-2019 training years, with the application for this training cycle being due in January 2017. This Fellowship will meet the requirements recommended by the Houston Conference Guidelines and endorsed by APPCN.

For more information, please review our brochure, which can be found at the following website - <http://www.psychologytraining.va.gov/phoenix>.

We are excited about your interest in our psychology Fellowship program and look forward to reviewing your application.

Postdoctoral Fellowship Training Committee

APA ACCREDITATION STATUS

The Postdoctoral Fellowship at the Phoenix VA Health Care System (VAHCS) is a newly funded program, and as such has not yet been accredited by the American Psychological Association (APA). APA Accreditation will be sought at the earliest possible time. As demonstrated by our Predoctoral Internship, a program that is accredited by APA, we are very committed to quality training and strive to meet all the guidelines set forth by APA.

For further information on program accreditation, please contact:

American Psychological Association
Commission on Accreditation
750 First Street, NE
Washington, DC
20002-4242

Phone: 202-336-5979
www.apa.org/ed/accreditation

COMMITMENT TO DIVERSITY

Our Fellowship site maintains a strong commitment to psychology Fellow and staff diversity. This is exemplified by our past success in recruitment and retention of individuals of diverse backgrounds at both the trainee and staff level. As a federal employer, the facility and Psychology Service take a strong stance regarding policies on non-discrimination and accommodations for success in our Fellowship.

APPLICATION & SELECTION PROCEDURES

Application materials are due by midnight EST on January 9th, 2016. All applications must be submitted via APPA CAS, except under unusual circumstances and with consultation from Dr. Doyle.

Please read and follow instructions carefully and prepare the following:

1. A statement of interest: If you are applying to more than one track, you must submit a separate statement of interest for *each* track. Please upload your Personal Statement under Documents – “Personal Statement”. If you are submitting more than one personal statement, submit additional statements under the “Other Documents” option. The statement of interest should contain the following information:

- * The history of your interest
- * Any relevant educational, clinical, and/or research experiences
- * A self-assessment of your training needs and goals for the Fellowship
- * A statement of your career goals

2. Postdoctoral Fellowship Information Form – Please upload under the “Other Document” option. Available online at http://www.phoenix.va.gov/docs/Phx_Psychology_Fellowship.docx.

3. A detailed curriculum vita.

4. Transcript of graduate work.

5. Three letters of recommendation - one from a faculty member personally familiar with your graduate school performance and at least one from a primary clinical supervisor during the pre- doctoral internship.

Application Submission Procedure. All materials should be uploaded to the APPA CAS system.

We encourage applicants to be selective and thoughtful when considering submitting applications to multiple areas of emphasis. As indicated above, if you do submit an application for more than one program or area of emphasis, **you should submit a separate statement of interest for each track.**

Please contact Dr. Doyle with specific questions about the training. She can be reached at 602-277-5551 ext. 16394 or kathryn.doyle@va.gov. We understand that accepting a Fellowship is a significant decision in one’s professional development and will make every effort to support applicants in making decisions about their candidacy at the Phoenix VA. We will notify applicants when they are no longer under consideration or when **all positions to which they have applied have been filled**. Applicants should feel free to be in contact with Dr. Doyle if they have questions about their candidacy or are negotiating Fellowship/job offers with different deadlines.

PHOENIX VA HEALTH CARE SYSTEM

The Phoenix VAHCS has been providing services to Veterans in Maricopa County since 1951. In 2014, the medical center had a total enrollment of over 78,000 Veterans, over 21% of which had a confirmed mental health disorder. The hospital is a tertiary care and training facility with 150 medical/surgical beds, 48 psychiatric beds, and a 110-bed community living center. The hospital is a well-equipped urban facility located in central Phoenix. The hospital's computer system supports fully automated patient records, facilitating interprofessional communication. The VA medical library can provide literature searches for education or patient care. In addition, literature searches through MedLine and PsycINFO can be conducted by psychology Fellows in their offices.

PSYCHOLOGY SERVICE

The Psychology Service of the Phoenix VAHCS is committed to excellence in training and service. Our Service has grown significantly in the last few years, and this reflects the commitment of the Phoenix VA to quality mental health service delivery and training. The faculty members are heterogeneous in terms of evidence-based treatment modalities, which makes possible a wide range of orientations for instruction, observation, role modeling, and professional development. The Psychology Service faculty contributes to the larger community by donation of personal and professional services to community groups, participation in university and professional activities, and private practice outside the Medical Center. Our faculty has held and currently holds elected and appointed leadership positions in local, state and national professional associations and groups.

PROGRAM ADMINISTRATION

Training Director

Kathryn Doyle, Ph.D., our Training Director, is responsible for the coordination, oversight, and day-to-day operation of the Psychology Postdoctoral Program. An Executive Training Committee periodically reviews all aspects of the training program and when necessary recommends changes in procedures and policy. Additionally, each area of emphasis training has a liaison who meets with the Training Committee monthly to monitor the progress of Fellows and to address issues as they surface in the training program. This committee attempts to ensure continuity of training among various rotations and training settings, and is responsible for all routine training activities. Final decisions regarding the Psychology Training Program are the responsibility of the Chief of Psychology, Leslie Telfer, Ph.D.

OVERALL TRAINING MODEL AND PROGRAM PHILOSOPHY

Within the Psychology Postdoctoral Fellowship Program, we follow a multiple practice format as defined by APA's Policy Statements and Implementing Regulations. The Fellowship Program is organized into two separate areas:

1. Substantive traditional practice area of Clinical Psychology
2. Specialty practice area of Clinical Neuropsychology

Both Training Programs are newly funded at the Phoenix VA Healthcare System and are part of the overarching structure of the Fellowship. We plan to seek independent accreditation by APA for each program.

Within the **Clinical Psychology Training Program**, we offer training for 7 Fellows across 5 areas of emphasis ("tracks"):

1. Primary Care/Mental Health Integration (PCMHI) (2 Fellows)
2. Chronic Pain Management Program (2 Fellows)
3. General Mental Health (1 Fellow)
4. Posttraumatic Stress Disorder (1 Fellow)
5. Combined General Mental Health/Posttraumatic Stress Disorder (1 Fellow)

These Fellowships are described directly below.

Within the **Clinical Neuropsychology Training Program**, we offer a two-year Fellowship for one Neuropsychology Fellow with the opportunity to specialize based on training needs and professional goals. This Fellowship is described on page 16 of the brochure, and will be accepting applications again in the fall of 2016 (2017-2019 training years).

Clinical Psychology Training Program Fellowships

Within the **Clinical Psychology Training Program**, our approach includes training Fellows to inform their practice through review of relevant scholarly literature, program development, ongoing program evaluation, and when possible, participation in ongoing research projects in the medical center. We aim to provide training consistent with the APA Guidelines and Principles for Accreditation of Programs in Professional Psychology at the postdoctoral level. Fellows, in comparison to our interns, are strongly encouraged to develop even more advanced consultation and supervision skills, generate ideas for systems redesign, and grow in the area of administrative projects and leadership development. We recognize that psychology, as a profession, demonstrates strengths in the areas of theory, assessment, psychotherapy, program design and evaluation, training, multicultural competence, consultation, and ethics. We aspire to train future psychologists who will bring these skills to the VA system and help strengthen our changing health care environment.

We do this under the framework of the practitioner scholar model, which emphasizes clinical practice and the importance of using theory and research to inform practice (Rodolfa, Kaslow, Stewart, Keilin & Baker, 2005). The primary goal of training in a practitioner scholar model is the delivery of human services that take into account individual, cultural, and societal considerations. In addition, our program is built around the foundational and functional competencies defined by the APA's Assessment of Competency Benchmarks Work Group (Fouad et al., 2009; Rodolfa et al., 2005). The work group defined

foundational competencies as “the knowledge, skills, attitudes, and values that serve as the foundation for the functions a psychologist is expected to carry out, (e.g., an understanding of ethics, awareness and understanding of individual and cultural diversity issues, knowledge of the scientific foundations of psychology).” They defined functional competencies as encompassing the major functions that psychologists are expected to perform, “each of which requires reflective integration of foundational competencies in problem identification and resolution” (e.g., assessment, intervention, consultation, supervision).

The philosophy of the Phoenix VAHCS Psychology Fellowship is consistent with the Association of Counseling Center Training Agencies’ (ACCTA) definition of practitioner scholar programs that includes “empirically supported treatments, a value on the psychologist as a consumer of research, recognition of the importance of generating knowledge through practice, and an expectation that trainees participate in scholarly activities.” Our style of instruction utilizes a developmental model that nurtures people in making the transition from recent psychology doctoral program graduates to a competent autonomous professional, thus helping them to integrate their personal and professional selves; places a high value on respecting the diversity and uniqueness of every individual; and underscores the importance of the supervisory relationship and the mentoring process (Rodolfa et al., 2005). Our program maintains a generalist focus, fostering general competence over specialization; however, areas of emphasis help Fellows develop advanced skills in a focused area of interest that is a high priority area of healthcare in the VA system.

General Program Goal, Objectives, and Competencies

The **overall training goal** at the Phoenix VAHCS is for Clinical Psychology Fellows to develop the knowledge and skills necessary to be proficient in advanced practice competencies in clinical psychology, making them ready to function broadly in a wide range of multidisciplinary settings. To complement this strong general foundation, we supplement their training with additional knowledge and competencies in specific areas of emphasis that are currently high priority areas of healthcare for our Veterans. Fellows will be expected to meet the following general training objectives with a high degree of competence by the end of their residency.

Objective #1: Develop advanced to proficient Foundational Competencies in professional psychology.

Associated Competencies:

- **Competency in Law and Ethics**
Understands and applies ethical concepts and the law to professional activities with individuals, groups, and organizations.
- **Competency in Professional Intrapersonal Behavior**
Demonstrates attention to personal presence, awareness of self, and/or how beliefs or feelings may be impacting professional roles and practice.
- **Competency in Professional Interpersonal Behavior**
Demonstrates professional and appropriate interactions with patients, staff, peers, and faculty.

- **Competency in Interprofessional Skills**
Demonstrates knowledge and skills to support effective multidisciplinary and interdisciplinary team functioning.
- **Competency in Documentation, Efficiency and Accountability**
Demonstrates timely and thorough documentation and efficient use of time.
- **Competency in Understanding and Responding to Diversity**
Demonstrates sensitivity to patient cultural diversity, including race, ethnicity, religion, country of birth, gender, social class, age, sexual orientation, disability and health status, and other individual difference variables. Consistently achieves a good rapport with patients and co-workers from diverse backgrounds.
- **Competency in Application of Scientific Knowledge to Practice**
Implements current scientific knowledge to guide clinical practice.

Objective #2: Develop advanced to proficient Functional Competencies in professional psychology.

Competence in Psychological Diagnosis and Assessment

- **Competency in the Clinical Interview**
Conducts an interview-based evaluation to inform diagnostic impression and case conceptualization.
- **Competency in Medical Record Review**
Demonstrates ability to review medical records and related documents.
- **Competency in Assessment Instruments**
Choose and administer standardized tests and/or structured interviews.
- **Competency in Interpretation and Integrative Case Conceptualization**
Provide integrative interpretation of test data in light of full clinical picture.
- **Competency in Assessment Feedback**
Provides useful psychological assessment feedback.
- **Competency in Risk Assessment**
Evaluates risk issues.

Competence in Psychotherapeutic Interventions

- **Competency in Case Conceptualization and Treatment Goals**
Demonstrates the capacity to conceptualize treatment cases and formulate goals for treatment.
- **Competency in Effectiveness in Therapeutic Interventions**
Effectively implements therapeutic interventions.
- **Competency in Effectiveness in Group Interventions**
Demonstrates competence in implementing group modalities.

- Competency in Risk Monitoring
Demonstrates ability to monitor risk issues.

Specialty Competencies

- Competency in Consultation
- Competency in Program Development and Evaluation
- Competency in Supervision
- Competency in Teaching
- Competency in Organizational Structure and Functioning
- Competency in Management and Administration

Training Methods

Each training objective above will be met through clinical training experiences in the five tracks described below.

- **Primary Care Mental Health Integration.** The PVAHCS has a blended Primary Care Mental Health Integration (PCMHI) program, which combines co-located collaborative care and evidence-based care management components. Mental health professionals are an integral part of the primary care based interprofessional team and provide assessment and psychosocial treatment for a variety of problems, such as depression, anxiety, adjustment issues, and problem drinking. In this track, Fellows work as part of the Primary Care Patient Aligned Clinical Team (PACT) and work closely with Depression Care Managers (Nursing), PCMHI Psychiatry and Social Work. PCMHI Fellows are also part of an Interprofessional Trainee Program (ITP) clinical team with pharmacy residents, social work interns, psychiatry residents, and occasionally nursing students. They participate in weekly informal interprofessional training meetings and attend a monthly Interprofessional Didactic presentation provided by ITP supervisors across disciplines. Further, they see patients jointly with their ITP colleagues in a weekly half-day clinic to assess patients, develop a treatment plan with the patient and family member if present, and schedule follow-up. This clinic offers a combination of in vivo and post-hoc supervision for the trainees, who experience first-hand what each discipline offers, as they develop skills in working independently as a team. Fellows may also be involved in Shared Medical Appointments in diabetes management and chronic heart failure management. Fellows provide individual and group therapy, including short-term evidence-based treatments relevant for this care setting, such as Problem-Solving Training, Motivational Interviewing, Mindfulness-Based Stress Reduction and CBT for Insomnia. Fellows complete diagnostic assessments and triage Veterans to the appropriate levels of care in collaboration with PCMHI Depression Care Managers (DCMs) and other PACT team members.
- **Chronic Pain Management Program.** To best address the needs of the estimated 50% of male Veterans and 78% of female Veterans with chronic pain, the Phoenix VA began developing an interdisciplinary Chronic Pain Management Program in 2013. The Program is projected to include twenty full-time interdisciplinary staff members by the end of 2016. The treatment goals for this interdisciplinary program are to enhance quality of life and functioning despite pain. The Program includes passive biomedical interventions such as medications and injections, but goes beyond them, emphasizing the multimodal, biopsychosocial approach that is most effective for long-term chronic pain management. This includes active treatments such as exercise and psychotherapy emphasizing self-management. Fellows in this emphasis area develop a deeper understanding of interdisciplinary treatment planning and the role that each discipline plays in the treatment of

complex chronic pain. Psychology Fellows conduct both individual intake assessments and concurrent intakes with other disciplines, developing case conceptualization skills to generate maximally effective treatment plans. Motivational Interviewing is frequently employed to assist Veterans who are ambivalent about engaging in active treatments for chronic pain. Treatment is largely offered through group psychotherapy, with individual psychotherapy utilized when groups are not appropriate. Group treatment programs include Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) for chronic pain; CBT for insomnia; and mindfulness-based groups for women Veterans. In addition, Fellows co-lead Chronic Pain Management Groups and participate in our Veterans Pain School, a drop-in series of multidisciplinary lectures about chronic pain. Fellows also may participate in the creation of a new, intensive rehabilitation program with specific admission and discharge dates.

- **General Mental Health.** The Phoenix VAHCS has a dynamic, large outpatient mental health clinic devoted to broadly serving the needs of the Veteran population in Phoenix. Trainees in this area of emphasis are able to explore and evaluate the implementation of evidence-based psychotherapies (EBPs) for the treatment of PTSD, depression and many other general mental health issues. Fellows also gain experience with diagnostic evaluation and both individual and group psychotherapies. Fellows participate in regular interprofessional huddles in a team-based treatment model for a panel of patients (Behavioral Health Interdisciplinary Program teams). This model follows the national model for behavioral health interdisciplinary teams and each team will include two to three psychiatrists, a nurse, a psychologist, a social worker and a pharmacist, in addition to the Fellow. The teams work collaboratively to plan for the care of Veterans shared by the multiple providers on the team. Fellows on this rotation also spend one day a week in our emergency care clinic that triages Veterans in immediate need of care and in crisis. Fellows are able to work on a current project to utilize CBT for Insomnia groups as a gateway into treatment for people who are unsure of their desire to pursue outpatient mental health care.
- **PTSD Team Fellows.** Trainees in this area are provided an opportunity to explore and evaluate the implementation of evidence-based psychotherapies (EBPs) for the treatment of PTSD, both in person and via telehealth. Faculty in this clinic include a national trainer for CPT, Dr. Karen Kattar. Fellows will also gain experience with diagnostic evaluation, individual psychotherapies and group psychotherapies for PTSD. They will also work as a member of our PTSD Clinical team. This team is an interdisciplinary team that meets weekly to build programming, address clinical issues and improve clinic functioning. During the team meeting, staff regularly integrate professional articles relevant to the work of the clinic and consult with one another about challenging cases. Opportunities for participation in national research projects are possible.
- There is one position for a **Combined PTSD/GMH Fellow**. This Fellow will split their time between both the General Mental Health and PTSD Clinic settings. In addition to working therapeutically with the Veterans in both settings, Fellows in this emphasis have the opportunity to work on issues related to the administration of different types of outpatient clinics and may get specialized training in addressing the unique issues of the populations currently served by these clinics at the Phoenix VAHCS.

Direct clinical care. A majority of the Fellows' time will be spent in tasks related to clinical care. While each training area of emphasis will focus on the goals of the overall generalist training model, the specific clinical experiences are distinctive in each area of emphasis. Fellows will have an opportunity to provide evidence-based psychotherapies relevant to the site of their training (e.g., PE, EMDR, and CPT for PTSD, DBT for personality disorders, and CBT and ACT for depression in the general GMH/PTSD specialty track;

Problem-Solving Training (PST), MBSR and MI in the PCMHI setting; and CBT and ACT for pain in the Chronic Pain Management Program). They will triage patients, complete diagnostic interviews, provide relevant treatment, measure treatment progress, and complete other more formalized assessment batteries as relevant to the site. Consultation will occur frequently across disciplines within each clinic site and, when relevant, across clinic sites and training tracks.

Personalization of the training plans. Fellows will meet with their primary mentors/supervisors at the start of their Fellowship. During that meeting, a specific training plan will be developed for their main area of training emphasis. The plan will integrate opportunities within the area of emphasized training and additional training experiences as desired and possible over the year of the Fellowship. Possible additional training would include a focus on specific behavioral medicine or health promotion activities outside of their area of emphasis, the hypnosis seminar, and focused experiences working with a targeted population.

1. Supervision. The Fellows will receive a minimum of 2 hours of individual face-to-face supervision with their primary mentor/supervisor per week. Individual supervision will involve clinical case supervision (i.e., case conceptualization, didactics on particular interventions), supervision/consultation regarding administrative duties and project, team interactions, research opportunities that are explored, and career planning/career development issues. Group supervision will additionally be provided on the Fellows' supervision of more junior trainees. The Fellow will receive feedback about their development regularly and at three pre-determined intervals.

One of the strengths of our internship program is the variety and quality of supervision offered. We have a training committee that consists of seasoned clinicians with diverse clinical expertise (see Table 1). The vast majority of the training committee has received formal training in one or more of the evidenced-based therapies (e.g., Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Eye Movement Desensitization and Reprocessing (EMDR), Motivational Interviewing (MI), Problem-Solving Training (PST), CBT for Insomnia (CBT-I), Interpersonal Processing Therapy (IPT), Dialectical Behavior Therapy (DBT) and Acceptance Commitment Therapy (ACT)). Furthermore, we are proud to have staff that serves as national trainers in PE and CPT. This type of quality supervision affords the Fellow exposure to a variety of theoretical orientations, techniques and skills.

Audiotapes, observation, role-plays, process notes, and co-therapy are among the tools used to aid in supervision. Fellows receive supervision on their clinical work, reports, case presentations, consultative/supervisory work, and overall professional conduct. Fellows should expect to be assigned readings and literature reviews as part of their supervision. The supervision training provided meets the requirements for licensure as a psychologist in the state of Arizona.

2. Interprofessional training activities. The Fellow will participate in regular interprofessional activities in their clinical work. Examples of this work include the weekly PCMHI Interprofessional Training Program (ITP) half-day clinic described in detail previously, shared medical appointments, the Chronic Pain Management Program, participating in BHIP team huddles/meetings, collaborative treatment planning, functioning with a team in our emergency care walk-in clinic to triage patients and get them into appropriate care, and attending didactic trainings with their respective interprofessional teams (please see below). Additional interprofessional activities may include collaboration with joint Health Promotion Disease Prevention/PCMHI ongoing projects, including Employee Stress Management and Healthy Living programs.

3. Team meetings. In each area of emphasis, the Fellow will participate in an interdisciplinary treatment team that meets at least weekly to discuss shared cases, program development, collaborative treatment planning, and interdisciplinary topics. This will provide a unique opportunity for Fellows to learn from professionals in different disciplines and fine-tune their understanding of the role of a psychologist in the specific areas of emphasis in which they are being trained.

4. Structured didactics. Fellows will attend a structured didactic lecture series every other week for 2.5 hours. Topics for the didactic talks include topics relevant across our training program (e.g., ethics, diversity, program evaluation) and some that are tailored specifically for our postdoctoral Fellows (EPPP, administrative topics, career development, working in different practice settings both inside and outside the VA system). Fellows will also be required to present talks at our Breakfast Club meetings (described later) and supervision clinics. When possible, they will also present at a broader professional setting (e.g., Grand Rounds, our CE training series, or to the Mental Health staff/training committee).

Some of the specific areas of training targeted by our didactic series are highlighted below:

Diversity. A series of 6 progressive talks on issues of multicultural competency that will be led by Drs. Nademin and Choca, including issues in working with Latino/a and Native American populations. Dr. Nademin currently serves as the Diversity Representative to the Arizona Psychological Association's Governing Council and is Chair of the AzPA Diversity Committee. She is known locally for her work in the area of diversity and is frequently invited by community agencies to speak on these issues. The diversity trainings will include building a basis for approaching cases from a multi-culturally competent framework. Training recommendations given in the APA Multicultural Guidelines in Education, Training, Research Practice and Organization change paper (2002) are integrated. Dr. Nademin is well-versed in working with Latino populations and we have invited someone from the broader Phoenix community to speak about working with Native American populations specifically.

Supervision. The Fellows will attend 18 hours of didactic training on principles of supervision, at the beginning of the year. This will give them a framework for approaching issues related to supervision that will then be fine-tuned during their time supervising a pre-doctoral intern throughout the rest of the year.

PCMHI Interprofessional training. Several talks addressing issues in interprofessional training will be held over the course of the year. Some of these talks include the role of a psychologist in multidisciplinary settings and interprofessional teams; communicating effectively across disciplines; applying psychosomatic medicine and integrated care models.

Geropsychology training. Several didactic talks addressing the specific concerns of geriatric populations will be presented. Possible topics for these talks include geropsychology within the VA system, distinguishing dementia and brain injuries from neurocognitive impairment linked to general mental health concerns (e.g., depression, anxiety, PTSD), geropsychiatry – Issues in poly-pharmacy concerns when working with older adults, ethical issues and legal concerns related to working with a geriatric population (e.g., mandatory reporting, advanced directives, medical decision making).

5. Breakfast Club. The “breakfast club” meetings are designed to be a place Fellows can present case presentations and more freely discuss topics of professional relevance. They will be allowed to give feedback to one another and the training director and/or other staff will regularly, but not always, attend these meetings to address the concerns raised by the Fellows.

These breakfast club discussions will be held on the weeks the Fellows are not meeting for a formal structured didactic. Topics of professional development (e.g., job searches, licensing, professional

identity), case conceptualization, consultation questions, and ethical decision-making will be addressed in these breakfast club discussions. Within the breakfast club series there will be opportunities for the Fellows to meet alone with one another to discuss their training experiences and professional issues. Each Fellow will be required to lead the breakfast club discussion 2-3 times over the course of the training year.

6. Journal clubs/specialty seminar. Each Fellow will attend a specialty area journal club/seminar to review and link relevant research findings to their clinical practice. These journal clubs will include interns, Fellows and faculty in a specific area of emphasis. They will review classic and relevant research articles in their area of expertise and discuss treatment issues specific to those populations.

Mental Health Grand Rounds – the Fellows will be invited to attend the Mental Health Grand Rounds presented once a month by various speakers from within the medical center and the broader community. They may also attend the Medical Service CME presentations if the topic is an area of interest.

Psychology CE series – we offer an APA accredited CE series. These one hour monthly talks are designed to meet the needs for licensing in Psychology within our state (Arizona) and the needs of professionals working both at the medical center and in the broader community. Fellows are welcome to attend.

7. Development of administrative skills and competencies. Fellows will be invited to attend administrative meetings and activities as indicated in their area of emphasis training. They will then be required to complete an administrative/program evaluation project over the course of the Fellowship and present this to the training committee, at a clinic meeting, and/or to the other Fellows. If appropriate, opportunities to present the project more broadly to healthcare system leadership and staff will also be explored. These projects will be evaluated based on their thoughtfulness, link to relevant theory, attentiveness to specific areas of concern to our hospital, plan for evaluation, ability to disseminate the findings and their likelihood to make substantive changes that are maintained within our system. The Fellows will be asked to, periodically, lead team meetings and/or consult with other programs in the hospital, as relevant in their area of emphasis.

8. Assessment. Fellows will regularly participate in the types of assessment normatively done within their area of emphasis. For instance, Fellows in each area of emphasis will complete weekly diagnostic intake interviews in their respective clinics. They will also be asked to complete more comprehensive personality assessment batteries when indicated, and will be required to utilize outcome measures to monitor treatment progress in their ongoing psychotherapy cases.

9. Research. Fellows are invited to participate in ongoing research and/or develop program evaluation projects relevant to their areas of emphasis. Current research projects within the Service include an investigation of traumatic brain injury screening within a primary care setting, the role of social support in treatment adherence with Veterans who are engaging in CPT or PE therapies, and program evaluation of evidence-based practices at the VA (e.g., CBT for Insomnia).

CLINICAL NEUROPSYCHOLOGY TRAINING PROGRAM

The Clinical Neuropsychology Fellowship Training Program will seek independent accreditation by APA within the specialty of clinical neuropsychology, although the program will continue to function within the structure and administration of the overall Phoenix VAHCS Psychology Postdoctoral Fellowship Program. The Postdoctoral Fellowship in Clinical Neuropsychology is designed to provide clinical, didactic, and academic training that will result in an advanced level of competence in the specialty of clinical neuropsychology, as well as prepare trainees for future independent practice. The training program is a 2-year full-time education and training experience in clinical neuropsychology and in the application of knowledge of brain-behavior relationships for the benefit of patients suffering from disorder, disease, or injury of the central nervous system. The Fellowship adheres to the criteria designated by the Houston Conference on Specialty Education and Training in Clinical Neuropsychology (Hannay et al., 1998), and is designed to meet eligibility requirements for the American Board of Professional Psychology (ABPP) Diploma in Clinical Neuropsychology.

GENERAL PHILOSOPHY, TRAINING MODEL, AND CURRICULUM

Fellows obtain experience and develop a high level of professional expertise in clinical neuropsychological evaluations, differential diagnosis, clinical interviewing and case formulation based on contemporary clinical practice. Fellows develop a philosophy of neuropsychological assessment, brain organization, and professional ethics, and develop professional consultation skills and the ability to provide lectures on neuropsychological issues. Fellows hone skills in treatment, consultation, supervision, and provide input to the development of the training curriculum for junior trainees. Fellows also become competent and capable of independent and systematic neuropsychological research. To maintain consistency with the Houston Conference Guidelines, the Clinical Neuropsychology Fellowship adheres to a scientist-practitioner model as applied to clinical neuropsychology (Belar & Perry, 1992).

Weekly inter-institutional seminars and case conferences are provided via video-teleconference with military and Veterans Affairs training sites throughout the country (Department of Defense Medical Centers and other VA Hospitals). Fellows also participate in a bi-weekly Neuropsychology Service series that will include clinical rounds, journal club discussions, and didactic presentations that include topics such as neuroanatomy, neuropsychiatry, and behavioral neuroscience. Fellows may also participate in a clinical neuroanatomy course through a local medical school, or through on-line options with the National Academy of Neuropsychology. There may also be an opportunity to participate in brain cuttings or through a neuropathology course with a local medical school.

Clinical training will interface with multiple disciplines including neurology, psychiatry, clinical psychology, physiatry, social work, pharmacy, speech pathology and other specialty areas. The Fellow will attend rounds in neurology, neurosurgery, and neuroradiology, as available at the Phoenix VA, or through public offerings by surrounding hospitals. Fellows are required to teach seminars to other disciplines and medical residents on topics of neuropsychological assessment, fostering interdisciplinary awareness.

The Neuropsychology Service is staffed with seven core faculty neuropsychologists. The Assistant Training Director of the Phoenix VAHCS Psychology Postdoctoral Fellowship Program also serves as one of the core faculty in this service, and oversees the neuropsychology Fellowship training. He is board certified by the ABPP in Clinical Neuropsychology and Clinical Psychology. The Neuropsychology Service falls under the Department of Psychology and has assigned clerical and administrative support. The

Neuropsychology Service evaluates and treats Veterans of all military branches and war-eras throughout the Phoenix catchment area. Veteran diversity is well represented, including ethnicity, race, gender, sexual orientation and socioeconomic status.

The Clinical Neuropsychology Fellowship Program is structured to ensure the development of advanced professional and technical expertise in the practice of Clinical Neuropsychology based upon sound scientific and professional practice foundations. The following are integral to the achievement of this goal:

1. The primary training method is supervised service delivery with direct patient care. A Fellow's service delivery activities are intended to be primarily learning oriented, with training considerations given precedence over service delivery and revenue generation. Each Fellow receives at least 2 hours of individual, face-to-face supervision with a clinical neuropsychologist. In addition, the Fellow has access to additional supervisor consultation and intervention as needed.
2. Educational and training activities also comprise a large portion of the Fellow's training and are designed to be cumulative, structured, and graduated in complexity.

PROGRAM GOAL, OBJECTIVES, AND COMPETENCIES

Program Goal: The goal of the clinical neuropsychology Fellowship program is to fulfill criteria designated by the Houston Conference on Specialty Education and Training in Clinical Neuropsychology (Hannay et al., 1998), and to prepare Fellows for independent practice and eventual board certification in Clinical Neuropsychology through the American Board of Clinical Neuropsychology. In addition to the competencies noted for the PVAHCS Psychology Fellowship Program more broadly (pages 9-11), the following are additional clinical neuropsychology training objectives with underlying competencies.

1. Objective #1. Ensure acquisition of the knowledge required for advanced training in clinical neuropsychology regarding brain-behavior relationships.
 - a. Demonstrate knowledge of brain-behavior relationships through successful completion of neuroanatomy coursework, and through application and case conceptualization
 - b. Demonstrate knowledge of brain-behavior relationships through application and case conceptualization
 - c. Demonstrate knowledge of neurological and related disorders through application and case conceptualization
 - d. Demonstrate knowledge of non-neurological conditions through application and case conceptualization
 - e. Demonstrate knowledge of neuroimaging and other neurodiagnostic techniques through application and case conceptualization
 - f. Demonstrate knowledge of military application of neuropsychology through application and case conceptualization
2. Objective #2. Ensure acquisition of the knowledge required for advanced training in clinical neuropsychology regarding the practice of clinical neuropsychology.
 - a. Demonstrate knowledge of neuropsychological assessment techniques
 - b. Demonstrate knowledge of neuropsychological intervention techniques

- c. Demonstrate knowledge of professional issues and ethics in neuropsychology
- d. Demonstrate knowledge of the practical implications of neuropsychological conditions
- e. Demonstrate knowledge of specific applications of neuropsychological techniques to military and Veteran relevant issues

3. Objective #3. Obtain substantial experience and develop a high level of expertise in broad state-of-the-art clinical neuropsychological assessment techniques, including familiarity with psychometric properties of each of the tests and assessment techniques.

- a. Able to conduct a neuropsychological interview and mental status examination minimally comprising of a history of the present illness, past medical history, current complaints, social history, and other relevant history/information
- b. Able to select a broad array of psychological assessment instruments appropriate to a given patient's diagnosis, condition, and presenting complaints
- c. Able to gather information of symptom, history, medical data, and neuropsychological data for integration into a comprehensive report of neuropsychological status
- d. Able to recognize clinically significant patient behavior during the interview, testing, and purposeful observation
- e. Able to administer and score a broad array of psychological assessment instruments, including experience in each of the following assessment domains:
 - i. Screening measures (RBANS, MMSE, MoCA, etc.)
 - ii. Cognitive/Intellectual (WAIS-IV, WRAT-4, WIAT-III, etc.)
 - iii. Standard Neuropsychological Instruments (WMS-IV, HRB tests, CVLT-II, RAVLT, BDAE, etc.)
 - iv. Computerized Neuropsychological Instruments (WCST, assessment of effort and motivation, continuous performance tests, etc.)
 - v. Personality/Emotional Instruments (MMPI-2, PAI, BDI, GDRS, PCL-M, etc.)
- f. Demonstrate knowledge of test construction, psychometric properties, and other characteristics of common neuropsychological tests
- g. Demonstrate knowledge of non-standardized procedures, computerized measures, and special assessment techniques such as qualitative screening measures

4. Objective #4. Obtain experience and develop a high level of professional expertise in the conduct of clinical neuropsychological evaluations, in differential diagnosis and in case formulation based on contemporary clinical practice. These core skills include the following: (a) interpretation and diagnosis, (b) treatment planning, (c) report writing, (d) provision of feedback and education to patients and families, and (e) recognition of multicultural issues.

- a. Demonstrate the ability to prepare comprehensive written reports in accordance with accepted practice in clinical neuropsychology, following a format designated by one's clinical supervisor
- b. Demonstrate completeness, accuracy, clarity, and a professional quality in ones' written report
- c. Demonstrate the ability to support case conceptualization and recommendations with test data
- d. Demonstrate appropriate knowledge of disease concepts and their application to individual cases
- e. Demonstrate knowledge of ethical and multicultural issues in clinical neuropsychology

- f. Demonstrate the ability to generate appropriate and substantive recommendations for treatment based on standardly accepted psychological theory in reports
- g. Demonstrate the ability to clearly conceptualize neuropsychological test results
- h. Demonstrate the ability to provide useful, prescriptive feedback of neuropsychological test results to patients and family members
- i. Demonstrate the ability to provide neuropsychological counseling to patients regarding implications of neuropsychological results for adjustment to disability, as well as implications for educational and occupational functioning
- j. Demonstrate the ability to counsel patients regarding compensation techniques for neuropsychological deficits

5. Objective #5. Obtain experience in the identification and specification of intervention needs through formulation and implementation of an intervention plan, including monitoring and outcome assessment.

- a. Demonstrate knowledge of neurobehavioral outcomes after brain injury and the expected course of recovery following insults of differing severity
- b. Demonstrate knowledge of the theory and practice of neuropsychological rehabilitation strategies and tactics of the multidisciplinary rehabilitation process, and the role each profession plays in rehabilitation
- c. Demonstrate knowledge of the extant literature on the effectiveness of rehabilitation following brain injury, and be familiar with the ongoing debate in the professional literature regarding effectiveness
- d. Demonstrate knowledge of the principles of individual and group psychotherapy following brain injury, to include the goals and objective of family and couples therapy for brain injury survivors
- e. Demonstrate knowledge of existing resources for brain injured individuals in the VA and civilian community, and demonstrate the ability to refer appropriately
- f. Demonstrate ability to plan and carry out a neuropsychological intervention (either cognitive rehabilitation or psychotherapy)

6. Objective #6. Develop professional consultation skills and the ability to provide lectures and information on neuropsychological issues.

- a. Demonstrate appropriate and effective skills in communication the case disposition, progress, and findings with the referring providers and other relevant personnel
- b. Demonstrate acquisition of skills in teaching and administration of clinical neuropsychology
- c. Deliver organized and concise oral presentations
- d. Prepare and deliver lectures on neuropsychology that are organized, accurate, and clinically relevant

7. Objective #7. Obtain skills in teaching and supervision of junior trainees and provide input in the development of training curriculum for those trainees.

- a. Demonstrate ability to provide supervision to a rotating psychology intern, with the intent of developing the supervisee's clinical skills to provide assessment and evaluation
- b. Demonstrate the use of effective supervision methodologies

- c. Demonstrate the use of effective methods of teaching
- d. Demonstrate effective input into the development of training activities for the trainees

8. Objective #8. Become competent and capable of independent and systematic neuropsychological research within this specialization.

- a. Demonstrate knowledge of research design and analysis in neuropsychology
- b. Demonstrate application of research design and analysis skills to neuropsychology research issues
- c. Demonstrate ability to execute an independent research project
- d. Demonstrate ability to monitor progress on an independent research project
- e. Demonstrate ability to critically evaluate the outcome of research
- f. Demonstrate ability to communicate findings of research results

9. Objective #9. Become competent in issues of cultural sensitivity and individual diversity in clinical assessment and intervention skills. Develop a general awareness of issues of race, ethnicity, age, gender and other unique characteristics (i.e. military culture and Veteran populations).

- a. Demonstrate cultural sensitivity in the assessment of patients from various cultural groups
- b. Demonstrate appropriate conceptualization and application of culture-specific norms, including indicating appropriate caution when making normative comparisons and interpretations using norms that are not specific to that culture
- c. Demonstrate initiative to become more familiar with a patient's culture through assigned readings, seeking appropriate supervision and self-study

10. Objective #10. Demonstrate professional responsibility and behavior in matters of administration and systems issues and program evaluation.

- a. Follow VA and clinic procedures including maintenance of schedule as agreed, and timely maintenance of required records as required by site (e.g. progress notes, reports, case and termination summaries)
- b. Develop an understanding of the roles of various hospital personnel and the organizational structure
- c. Demonstrate ability to relate well with staff, support staff, Fellow students, and other professionals; maintain professional behavior with others
- d. Develop an understanding of the Fellowship processes and criteria for successful completion
- e. Develop an understanding of program evaluation
- f. Develop an understanding of ethics and law

TRAINING METHODS

The Clinical Neuropsychology Fellowship Program extends over 24 months, and is structured to ensure the development of advanced professional and technical expertise in the practice of clinical neuropsychology based upon sound scientific and professional practice foundations. Each training year is divided into 3 four-month trimesters, during which time the Fellow will be primarily affiliated with the Neuropsychology Service. The Fellow will also be associated with interdisciplinary teams in the

Traumatic Brain Injury Clinic, the Polytrauma Clinic, and the inpatient consultation service. The Fellow typically completes 3-4 neuropsychological evaluations per week across various clinics (as described below). In each setting, Fellows will be involved in the clinical interview, test administration, test scoring, report writing, patient feedback, and multidisciplinary team consultation/collaboration. Fellows will provide clinical services within most of the settings described below, although the bulk of the training experience will fall within the outpatient General Neuropsychology Service as this tends to be the clinic with the greatest breadth and complexity of cases. Fellows will also gain experience with supervision of more junior trainees under faculty supervision (interns and practicum students, as available). Fellows have the opportunity to assist in Brain Boosters, a psychoeducational group for those with memory difficulties, and may be involved in further program development.

Although the program is both programmatic and competency-based, the model of integrated education and training in clinical neuropsychology is acknowledged. Each Fellow presents with different degrees of specialty knowledge and skills acquired at various levels of their training throughout their doctoral studies and internship. As such, during the first three weeks of the program the Neuropsychology Fellowship Training Lead meets with the Fellow and reviews the list of required competencies for the specialty training experience. Generally, these include standardized policies and procedures, administrative structure, resources, evaluations, and program self-assessment. The competency list specifies Fellowship requirements in terms of assessment competencies, treatment competencies, knowledge required, and research activities. During this period, a baseline Periodic Comprehensive Examination (PCE) and baseline Written Comprehensive Examination (WCE) will be conducted. The PCE consists of a one-hour segment involving a fact finding exercise, in the style of the American Board of Clinical Neuropsychology oral examination, in which the Fellow obtains relevant information about an unfamiliar case and performs a mock initial neuropsychological consultation. Another portion of the PCE consists of an ethics vignette in which the Fellow identifies ethical issues and discusses how to address these in a clinically and ethically responsible manner. The WCE is conducted in the style of the American Board of Clinical Neuropsychology written examination and is intended to assess the Fellow's breadth of knowledge in clinical neuropsychology. The written exam consists of 100 objective questions that fall into four domains derived from the Houston Conference Guidelines. These domains include Generic Psychology Core, Generic Clinical Core, Foundations for the Study of Brain-Behavior Relationships, and Foundations for the Practice of Clinical Neuropsychology. The baseline evaluation will help to inform and guide the development of the Initial Training Plan. The Fellow works with the Neuropsychology Fellowship Training Lead to develop the Initial Training Plan based on the Fellow's previous training and experience related to the competencies, as well as the Fellow's areas of interest. Subsequent PCEs and WCEs are conducted at the end of the 8th and 18th month of Fellowship training. Fellow performance on these evaluations are used to inform subsequent Training Plans (i.e., Training Plan II, end of 8th month of TY1; Training Plan III, end of month 18).

Clinical Rotations

1. **General Neuropsychology Service (GNS):** The General Neuropsychology Service is the clinic designated for all outpatient neuropsychology referrals from primary care, neurology, psychiatry, compensation and pension, speech, and other specialty clinics. Typical referrals include traumatic brain injury, mild cognitive impairment, various dementias, stroke, and cognitive dysfunction secondary to a medical or psychiatric condition. Less frequently, referrals can include epilepsy/seizures, inpatient capacity, and pre/post neurosurgical evaluations (i.e. deep brain stimulation for movement disorders). The first two trimesters of the Fellow's time in this clinic will focus primarily on memory disorders, while the remainder of the Fellowship will include the full diversity of clinical referrals. Neuropsychology consults involve a clinical interview, test administration, scoring of test data, test interpretation, written

report, and in-person feedback to patients. Opportunities for neuropsychology-specific group interventions are typically through this clinic and include psychoeducational/cognitive rehabilitation interventions for memory difficulties (i.e. Brain Boosters Group). The length and style of report will vary with the referral question and supervisor.

2. **Traumatic Brain Injury:** The TBI Clinic evaluates Veterans who have deployed in support of Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), or Operation New Dawn (OND) for possible deployment-related head injuries. In this clinic the Fellow works in a primary care setting to provide neuropsychological screenings. Neuropsychological screenings are followed by a joint interview with a primary care provider. The interview includes treatment recommendations and additional referrals as medically indicated. The Fellow will also be responsible for presenting findings to an interdisciplinary team, which includes psychiatrists, physician assistants, nurse case managers, social workers, speech therapists, and other neuropsychologists. The Fellow will also have the opportunity to present relevant neuropsychological topics to this interdisciplinary team.

3. **Polytrauma:** The Polytrauma Clinic is in the process of being established at the PVAHCS. This clinic will be similar to the TBI clinic in that the Fellow will be involved in neuropsychological screenings as part of an interdisciplinary team. However, the interdisciplinary team will also include neurology, which provides the Fellow the opportunity to observe neurological examinations, integrate medical test results into case conceptualization (sleep study, EEG, MRI, fMRI, CT/PET), and integrate neuropsychological findings into the Veteran's treatment plan. As in the TBI clinic, the Fellow will participate in interdisciplinary team meetings and have the opportunity to present on neuropsychology specific topics.

4. **Additional Rotation Options:** The Fellow will also have the opportunity to briefly rotate with Speech, Physical Therapy, or Occupational therapy to gain a greater appreciation for these disciplines and their role in rehabilitative efforts. There may also be an opportunity for a 3-4 month rotation in neurorehabilitation through cooperative agreements with local rehabilitation facilities.

Neuropsychology Didactics

1. Postdoctoral Fellows are required to participate in a weekly case conference and reading seminar via video-teleconference with the postdoctoral Fellowship at Walter Reed Army Medical Center, the Defense Veterans Brain Injury Center, and other sites throughout the nation (2 hours weekly). At this meeting, Fellows present cases and lead discussions with participating postdoctoral Fellows. These weekly seminars have a 2-year cycle of readings, with broad topics including Neurobehavioral Syndromes, Functional Neuroanatomy, Neuropsychological Assessment, Military/Veteran Specific Neuropsychological Topics, and current topics in Neuropsychology and Neuropathology.

2. Fellows also participate in a bi-weekly Neuropsychology Service series that may include clinical rounds (case conferences), journal club discussions, and didactic presentations in neuroanatomy, neuropsychiatry, and behavioral neuroscience. The Fellow will rotate responsibility for presenting in a group consisting of PVAHCS neuropsychology staff, neuropsychology interns, and other trainees. During the second year, the Fellow may also participate in an online clinical neuroanatomy course currently offered through the National Academy of Neuropsychology, and will be granted time to integrate this into their training plan. It may also be possible to attend a clinical neuroanatomy course, with brain cutting, through a local medical school.

3. The Fellow will also have the opportunity to present relevant neuropsychological topics in support of the Neuropsychology Seminar Series for the PVAHCS Psychology Internship (annually).

4. Fellow will also have the opportunity to attend the following neuroscience educational and teaching opportunities:

- a. Neuroscience Grand Rounds at St. Joseph's Hospital & Medical Center (1 hour a week, Year 1)
- b. PVAHCS Internal Medicine Grand Rounds (as relevant and available)
- c. Neuroradiology Seminar at Barrow Neurological Institute (year 1)

5. The Fellow is also encouraged to take advantage of excellent webinars and recorded trainings through the VA's Talent Management System, which includes several trainings related to traumatic brain injury, posttraumatic stress disorder, other comorbid psychiatric conditions, and comorbid medical conditions of relevance to clinical neuropsychology.

Research

As with many VA training sites, a strength of the PVAHCS is access to years of archival data within the neuropsychology service and a Veteran's electronic health record. Fellows are expected to complete a research product by the conclusion the second year, which can include submission of a study or literature review for publication, submission of a poster or paper for presentation, a grant proposal, or an outcome assessment of interventions in the neuropsychology service. Fellows will be afforded 4 hours per week to develop and implement research initiatives.

Supervision

The Fellow receives two hours of face-to-face individual supervision per week, with additional supervision available as needed. The role of the Fellow's supervisor is to monitor progress in the attainment of program objectives and to serve as a mentor for the developing neuropsychologist. During individual supervision and neuropsychology case conferences, the Fellow will be required to demonstrate skill in case conceptualization, diagnosis, and treatment design. The supervisor also evaluates clinical skills and knowledge, and provides feedback to the Fellow and the Neuropsychology Fellowship Lead on a regular basis. A Fellow's performance is reviewed monthly by the Psychology Fellowship Training Committee. Fellows must demonstrate core proficiencies in clinical neuropsychology, and activities of the Fellowship are logged and monitored using a Supervision Log.

Development of Administrative skills and competencies

Fellows will be invited to attend administrative meetings and activities within neuropsychology, and within the broader psychology Fellowship program. The Fellow will share responsibility with the neuropsychologists for managing and tracking consults, leading team meetings, and/or facilitating administrative tasks within the Neuropsychology Service at times.

Integrated Activities with the Clinical Psychology Fellowship Training Program

The following are training activities that are part of the overall PVAHCS Psychology Fellowship Training Program. These will be attended during the first year of the neuropsychology Fellowship.

1. Psychology Fellowship Seminars:

a. Fellows will attend a structured didactic lecture series every other week (2.5 hours every other week). A sampling of topics for these didactics includes ethics, program evaluation, licensure and EPPP preparation, career development, and practice options both inside and outside the VA system. The neuropsychology Fellow will attend most of these didactics, although may opt out of later training focused on the application of specific empirically-based psychotherapies to ensure sufficient rotation experience in clinical neuropsychology.

b. Breakfast Club. The “breakfast club” meetings are designed to be a place Fellows can present cases and more freely discuss topics of professional relevance. It is also an opportunity to address concerns raised by the Fellows, and provide collegial feedback to one another, the training director, and other staff as needed. These breakfast club discussions will be held on the weeks the Fellows are not meeting for a formal structured didactic. Topics of professional development (e.g., job searches, licensing, professional identity), case conceptualization, consultation questions, and ethical decision-making will be addressed in these breakfast club discussions. Within the breakfast club series there will be opportunities for the Fellows to meet alone with one another to discuss their training experiences and professional issues. Each Fellow will be required to lead the breakfast club discussion 2-3 times over the course of the training year.

c. A series of 6 progressive talks on multicultural competency that will be led by Drs. Nademin and Choca, including issues in working with Latino/a and Native American populations. Dr. Nademin currently serves as the Diversity Representative to the Arizona Psychological Association's Governing Council and is Chair of the AzPA Diversity Committee. She is known locally for her work in the area of diversity and is frequently invited by community agencies to speak on these issues. The diversity trainings will include building a basis for approaching cases from a multiculturally competent framework. Training recommendations given in the APA Multicultural Guidelines in Education, Training, Research Practice and Organization change paper (2002) are integrated.

d. The Fellows will attend 18 hours of didactic training on the principles of supervision at the beginning of the year. This will give them a framework for approaching issues related to supervision that will then be fine-tuned during their time supervising a predoctoral intern later in the Fellowship.

2. PVAHCS Department Continuing Education Series (1 hour monthly):

a. The training of Fellows is augmented and broadened further by opportunities to attend APA-accredited continuing education seminars provided by prominent and/or local psychologists. These seminars are designed to meet the needs for licensure within Arizona, and the needs of professionals working both at the medical center and in the broader community. Fellows are welcome to attend these monthly 1 hour training events.

SUCCESSFUL COMPLETION OF THE CLINICAL PSYCHOLOGY AND CLINICAL NEUROPSYCHOLOGY PROGRAMS/EXIT CRITERIA

Successful completion of the programs are determined by the training committee. The Clinical Psychology Training Program requires Fellows to be onsite for the full duration of the training year, engage in a minimum of 25% of their time in direct patient care, and receive overall “proficient” evaluations (on 80% or more of the competencies) in the core training areas as reflected by the Fellow Rating Form. The Clinical Neuropsychology Training Program requires Fellows to be onsite for the full duration of the 2-year Fellowship, engage in a minimum of 50% of their time in clinical services (25% of which is direct patient care), and receive overall “proficient” evaluations (on 80% or more of the competencies) in the core training areas as reflected by the Fellow Rating Form. If Fellows need postdoctoral training hours to meet licensure in the state of Arizona, we will establish a training plan that meets the higher level requirement of 40% direct patient care.

At three points over the course of the year, Fellows are evaluated on the previously described core goals and competencies as well as progress in their area of emphasis. Copies of evaluation tools and associated policy are available for review. In evaluating Fellow's performance and progress, applicable statutes and policies concerning due process and fair treatment are followed. More specifically, competencies will be rated at the “Proficient,” “High Advanced,” “Advanced,” “High Intermediate,” “Intermediate,” “Novice plus,” “Novice,” or “Needs Remediation” levels. By the end of the training year, 80% of the Fellow's Competencies must be at the Proficient Levels to meet the minimal levels of achievement for successful program completion. A maximum of 20% of a Fellow's competencies can be at the Advanced or High Advanced level. Furthermore, no items can be rated at the High Intermediate level or below. If there is any question that the Fellow may not meet the exit criteria at the end of his/her Fellowship, this will be specifically addressed at the appropriate trimester evaluation, and the Fellow will be provided timely written notification of all shortcomings, the opportunity to discuss them, and guidance regarding steps to remedy them. Additionally, written feedback on the extent to which corrective actions are or are not successful will also be provided.

Upon successful completion of the Fellowship, all Fellows will receive a certificate that indicates they have successfully completed a psychology postdoctoral Fellowship. Neuropsychology Fellows will receive a certificate that indicates they have successfully completed a psychology postdoctoral Fellowship in clinical neuropsychology.

ADMINISTRATIVE AND PROGRAM STRUCUTRE

The Psychology Fellowship Program at the Phoenix VAHCS currently offers training to seven one-year postdoctoral Fellows in general Clinical Psychology and one two-year postdoctoral Fellow in Clinical Neuropsychology. The psychology Fellow's program is individualized to fit his or her needs and interests. We plan to offer the one-year positions again in the 2016/2017 training year. In our program, we encourage Fellows to observe and experience a variety of supervisory and clinical models. As the Fellows progress in the program and their professional skills and duties advance, they assume greater responsibility in the clinical setting.

FUNDING/BENEFITS/LEAVE

VA-funded psychology Fellows are paid a full-time stipend of \$43,201, and payments are every two weeks for a full year. Health insurance is available at employee copay rates. Training stipends are taxable. The Phoenix VAMC does not offer part-time or unfunded Fellowship positions.

The official Fellowship year will begin on **September 6, 2016**. Fellows earn four hours of annual leave and four hours of sick leave every two weeks. Additionally, Fellows are granted up to five days of authorized absence (i.e., time allowed for attending or presenting at conferences). Finally, Fellows receive ten paid federal holidays.

FACILITY AND TRAINING RESOURCES

The Psychology Service recently moved to a newly constructed area of the main hospital. The Psychology Service shares a clerk who provides assistance to Fellows with procurement of supplies and various administrative tasks. Fellows will also spend time in their area of emphasis and will have resources provided to them in those locations for their use.

TRAINING PROGRAM EVALUATION

The Fellows will complete formal rating scales after six months and at the end of the training year to indicate their satisfaction with the training experiences and outcomes, quality of supervision provided, didactic experiences, research involvement, and facilities and resources available. The training directors review the Fellows' satisfaction ratings and take reasonable steps to address any areas of concern. Exit interviews with the Fellows by the training directors will be completed at the end of the training year in order to gather additional feedback about the training experience and in order to inform the continuous improvement of the postdoctoral training program. It is expected that Fellows will provide feedback to their supervisors on an ongoing basis, as well, concerning their needs and the extent to which the training activities are fulfilling their goals.

Due Process – Procedures for due process in cases of problematic performance are in place, as are grievance procedures to be followed by residents and staff alike. A copy of this document may be obtained by using the e-mail address found in the application section of this brochure.

TIME COMMITMENT

The postdoctoral Fellowship requires a one-year full-time training commitment (a two year full-time training commitment for the neuropsychology Fellow). To ensure a sufficient breadth of training experience, and that Fellows meet the training program's defined goals, Fellows may also choose to participate in additional training opportunities as appropriate.

Note: Consistent with the Guidelines and Principle of Accreditation, it is expected that postdoctoral Fellows will complete the entire training term without exception. For our Clinical Psychology program with emphases in Chronic Pain Management, Primary Care Mental Health Integration, Posttraumatic Stress Disorder and General Mental Health, the duration of the training is one full calendar year. For our Clinical Neuropsychology program, the duration of the training is two full calendar years.

PHOENIX VA HEALTH CARE SYSTEM

PSYCHOLOGY FELLOWSHIP TRAINING COMMITTEE

SPENCER BECK, PSY.D.
Arizona School of Professional Psychology, 2010
Licensed Psychologist in Colorado & Utah
(Outpatient Mental Health)

Dr. Beck currently serves as the Local Recovery Coordinator. Prior to that he was the DBT program director for the Phoenix VA and has overseen the implementation and training of staff interested in working with Veterans with Borderline Personality Disorder. He conducts individual DBT sessions and skills training groups as well as a Mindfulness based group in the Outpatient Mental Health clinic. Dr. Beck is interested in suicide prevention and is active on the Suicide Emergency Committee (SEC) and the Suicide Root Cause Analysis (SRCA) committee. He completed his internship at the Colorado Mental Health Institute at Pueblo, Institute for Forensic Psychology where he was trained in DBT, risk evaluations, and competency evaluation. Dr. Beck maintains a limited consult service in Utah for Forensic Competency Evaluations.

PEDRO R. CHOCA, Ph.D., L.I.S.A.C.
University of Houston, 1977
Licensed Psychologist in Arizona
Licensed Independent Substance Abuse Counselor in Arizona

Dr. Choca trained as a Clinical and Community Psychologist and has had a wide range of experience in several functions and roles. His orientation is primarily cognitive and behavioral with an emphasis in feedback informed therapy. After working as a program director in a community mental health center, Dr. Choca functioned for several years as a psychotherapist trained in the Biodyne Model. As a Center Director and Clinical Manager, he also enjoyed training and supervising other psychotherapists, while continuing to treat children and families, couples and individual adults as well as conducting psychotherapy groups. As a partner in a private practice group he was able to participate in the managing of a business as part of an interdisciplinary team. He also conducted assessment and evaluation services. He has expertise in a variety of evidence-based psychotherapies, including CBT, DBT, Motivational Interviewing, Crisis Intervention, Mindfulness Meditation and ACT. Early on, he was invited to work with a primary care physician, during which time, he developed an interest in integrated medical services. This culminated in his taking a full-time position as Associate Professor in the Doctor of Behavioral Health Program at Arizona State University. After leaving that position, he joined the John C. Lincoln Arcadia Family Clinic, where he still practices for several hours a week. He also maintains a small private practice. As a Cuban American, he has had a life-long interest in cultural diversity, cultural adaptation and its effects on the family.

KATHRYN W. DOYLE, Ph.D.
 Arizona State University, 2000
 Licensed Psychologist in Arizona
 (Outpatient Mental Health Clinic)

Dr. Doyle works in the Outpatient Mental Health clinic. Her treatment approach is primarily Cognitive Behavioral Therapy (CBT) and she specializes in using Evidence-Based Practices to treat a myriad of disorders, including anxiety disorders, depression/mood disorders, and compulsive behaviors (e.g., skin picking, hair pulling, and addictive behaviors) in both individual and group formats. She serves as a training consultant for VA employees participating in the VACO sponsored CBT training initiative. Dr. Doyle completed a two-year Postdoctoral research residency in public health and two-years of postdoctoral clinical training in utilizing CBT to treat obsessive-compulsive disorder and other anxiety disorders. She worked for several years as research faculty at Arizona State University's Prevention Research Center prior to starting at the VA. That work focused on program development, evaluation and dissemination. She also successfully managed a private practice in Scottsdale.

KATHLEEN GOREN, Ph.D.
 Arizona State University, 1992
 Licensed Psychologist in Arizona
 (OEF/OIF/OND Neuropsychology)

Dr. Goren is the Section Lead of the Neuropsychology and Behavioral Medicine Section. Her theoretical orientation is cognitive-behavioral. Clinical interests include neuropsychology, geriatric, rehabilitation, and health psychology. Duties include neuropsychological evaluation and consultation to the OEF/OIF/OND clinical team, medical inpatient units, and an outpatient primary care clinic. Dr. Goren is actively involved in developing cognitive enhancement opportunities for OEF/OIF/OND Veterans returning from combat with blast exposure or PTSD. Prior experience includes PTSD Clinical Treatment Team, Private Rehabilitation Hospital and Day Treatment Center for Rehabilitation. Finally, Dr. Goren is currently working on a study researching the efficacy of the facility's Traumatic Brain Injury (TBI) Clinic and a study to disentangle the relation between affective (emotional) and cognitive impairments in OEF/OIF Veterans with TBI.

ANDREA CHAMBERS HEKLER, Ph.D.
 University of Arizona, 2008
 Licensed Psychologist in Arizona & California
 (Outpatient Mental Health)

Dr. Hekler provides evidence-based psychotherapy to Veterans in the outpatient mental health clinic. She was trained in Cognitive Behavioral Therapy and Interpersonal Psychotherapy over the course of her doctoral training at the University of Arizona and clinical internship at the Salem Veterans Affairs Medical Center. A postdoctoral Fellowship at Stanford University prepared Dr. Hekler to become certified in Behavioral Sleep Medicine by the American Board of Sleep Medicine and to serve as a consultant on the VA's national training initiative for mental health clinicians to provide CBT for Insomnia. Dr. Hekler offers evidence-based psychotherapies for Veterans with insomnia, depression, anxiety disorders, and PTSD and offers the following groups: Sleep Well Group, CBT for Veterans with chronic pain and insomnia, anger management, and Pathfinders to develop skills for enhancing interpersonal effectiveness, emotion regulation, and distress tolerance. Dr. Hekler continues to participate in research and publish with

colleagues on projects involving women's mental health and on the development and evaluation of phone apps to enhance healthful behaviors. Interests include sleep disorders, anxiety disorders, eating disorders, women's health, evidence-based psychotherapy, and program evaluation.

KAREN KATTAR, PSY.D.
 Minnesota School of Professional Psychology, 2002
 Licensed Psychologist in Minnesota
 Posttraumatic Stress Disorder Clinical Team (PCT)

Dr. Kattar is a clinical psychologist and Clinic Director of the Posttraumatic Stress Disorder Clinical Team where she provides therapy and assessment for the treatment of trauma-related symptoms and manages administrative duties for the team. She serves as the lead PTSD Mentor for VISN 18. She is a National Cognitive Processing Therapy (CPT: an evidence-based cognitive-behavioral therapy for trauma-related symptoms) Trainer for the Veterans Affairs Office of Mental Health and travels nationwide conducting workshops for the dissemination of CPT throughout the VA system, as well as the Department of Defense, and the private sector. She coordinates the Phoenix VA Cognitive Processing Therapy program and training clinic, and conducts therapy outcome research. As Clinic Director, Dr. Kattar coordinates the PCT intern rotation experience, but does not serve as a direct supervisor. Interns can gain experience with CPT working directly with Dr. Kattar by participating in her 3-day CPT workshop on site followed by co-leading a CPT group. She utilizes both CPT and Prolonged Exposure (PE) models in her work. Before transferring to the Phoenix VA in 2009, Dr. Kattar was on staff at the Minneapolis VAMC and served as the Psychotherapy Evidence-Based Coordinator, Assistant Training Director, and held appointments as Assistant Professor of Psychology at the University of Minnesota and Assistant Professor of Psychiatry at the University of Minnesota Medical School. She has published on PTSD in journals and book chapters and often serves as an invited speaker at national PTSD conferences.

KRIS KRATZ, Ph.D., ABPP (CL/CN)
 Fuller Graduate School of Psychology, 2000
 Licensed Psychologist in Arizona
 General Neuropsychology

Dr. Kratz is a clinical neuropsychologist in the General Neuropsychology Clinic and the newly formed Polytrauma Clinic. He is board certified in clinical psychology and clinical neuropsychology by the American Board of Professional Psychology, a practice sample reviewer for the American Board of Clinical Neuropsychology, and a mentor for the American Board of Clinical Psychology. In addition to his role for the Phoenix VA, Dr. Kratz has 14 years of experience as an Army officer (10 active duty, 4 in National Guard and Reserves). He has served in various military roles, to include psychologist, neuropsychologist, and unit commander. He has six combat deployments in support of Operation Iraqi Freedom, and practices CBT when functioning in his role as a military psychologist. Clinical neuropsychology interests include traumatic brain injury, baseline and clinical evaluations for those in high risk occupations (i.e. aviation, special operations), dementia, neuroimaging analysis utilizing FreeSurfer, industrial/organizational psychology, and moral injury. Current duties include establishing the PVAHCS neuropsychology Fellowship, serving as the neuropsychology Fellowship training lead, and routine outpatient and inpatient neuropsychological evaluations.

HEATHER A. OKVAT, Ph.D.
 Arizona State University, 2011
 Licensed Psychologist in New York
 (Health Psychology)

Dr. Okvat is the psychologist with the VA's interdisciplinary Chronic Pain Management Program. Within chronic pain, her clinical, program development, and research interests center on the mind-body relationship, mindfulness, and community gardening for overall health and well-being. Dr. Okvat's theoretical orientation is cognitive-behavioral and mindfulness-based. Following internship at the New Mexico VA, she completed a post-doctoral Fellowship in Behavioral Medicine at the Boston VA. Dr. Okvat is an adjunct faculty member at Rutgers University's School of Health-Related Professions. She previously conducted research in complementary and alternative medicine.

KERRI F. SALAMANCA, Ph.D.
 University of Illinois at Chicago, 1992
 Licensed Psychologist in Arizona and Indiana HSPP
 (PTSD Clinical Team)

Dr. Salamanca currently works for the Post Traumatic Stress Disorder Clinical Team and is located in the Thunderbird CBOC. She provides treatment to Veterans with trauma from any origin including non-combat, combat and military sexual trauma. Her primary clinical approach is to focus on the therapeutic relationship as a major tool of change and use of exposure therapy to effect emotional and behavioral change. Dr. Salamanca provides evidence-based treatment for PTSD using Prolonged Exposure Therapy, Cognitive Processing Therapy and Cognitive Behavioral Conjoint Therapy. Dr. Salamanca has a special interest in teaching supervision. She developed the Supervision Clinic for the VA internship in conjunction with the Vet Center, and provides supervision of supervision for the VA interns. She also has an interest in behavioral medicine and has provided interventions in smoking cessation, weight management, pain management, patient treatment compliance and health behavior change.

KRISTY STRAITS-TROSTER, Ph.D., ABPP
 University of California, San Diego & San Diego State University Joint Doctoral Program
 Licensed Psychologist in North Carolina and Washington
 Primary Care Mental Health Integration (PC-MHI)

Dr. Straits-Troster is a Clinical Health Psychologist and Behavioral Health Director of the Primary Care Mental Health Integration Program at the Phoenix VA, where she provides CBT-based therapy and assessment for mental health conditions first presenting in Primary Care. She collaborates with the VISN 6 Mental Illness Research, Education and Clinical Center based in Durham, NC where she previously served as Assistant Director. Her work there included developing best practices and community education focused on post-deployment mental health, recent completion of a DoD-funded study on implementation of multi-family group treatment for combat survivors of TBI and their families, and she continues to serve as adjunct faculty with Department of Psychiatry and Behavioral Sciences at Duke University. She collaborates with the VA Office of Public Health and Prevention in the development of tobacco use cessation services tailored for returning combat Veterans. Dr. Straits-Troster's research and clinical interests include prevention of chronic illness and infectious disease, treatment of PTSD, substance abuse and co-occurring conditions.

LESLIE TELFER, Ph.D.
 University Center at Albany, State University of New York, 1991
 Licensed Psychologist in Arizona and California
 (Chair of Psychology Service)
 (PTSD Clinical Team)

Dr. Telfer is the Chair of the Psychology Service. Her theoretical orientation is behavioral, with an emphasis on empirically-based treatments. In addition to overseeing the Service, she also provides evaluation and individual and group psychotherapy to Veterans with warzone-related PTSD. Her main interests are in the anxiety disorders, particularly PTSD, and in the third-wave behavior therapies, such as Acceptance and Commitment Therapy. Following internship at the Palo Alto, she completed a Postdoctoral Fellowship at the National Center for PTSD and served on the staff there. Before coming to the PTSD Clinical Team in 2007, she provided behavioral medicine and general mental health services in the VA Primary Care extension clinic located in Sun City for several years. She has published in the area of anxiety disorders.

MATTHEW WEYER, Ph.D.
 Arizona State University, 1997
 Licensed Psychologist in Arizona
 (Health Psychology)

Dr. Weyer is the Training Director of the Psychology Internship Program. He has completed evidence-based training in Cognitive Behavior Therapy (CBT), Motivational Interviewing (MI) and Eye Movement Desensitization and Reprocessing Therapy (EMDR). His clinical interests include intervention and treatment of medical patients. Clinical responsibilities include assessment, individual psychotherapy, and psycho-educational groups. He coordinates the CBT-Insomnia and CBT-Tinnitus coping skills groups. His theoretical orientation is eclectic with a cognitive-behavioral emphasis. He sub-specializes in clinical hypnosis and EMDR and leads a weekly self-study group for the psychology interns.

Table 1. Phoenix VA Supervisory Staff's Training and Certification in Evidence Based Psychotherapies

Staff Name	CPT	PE	EMDR	CBT- Depression	CBT- Insomnia	ACT	PST	MI
Doyle	T,P	T,P		T,P		T		
Hekler								
Kattar	National Trainer	T,P						
Okvat				T	T,P	T		T
Straits-Troster	T			T	T		T,P	T
M. Weyer			T,P	T,P	T			T,P

Note: T=Trained, P=Provider Status or Certified (for EMDR). CPT=Cognitive Processing Therapy, PE=Prolonged Exposure, EMDR=Eye Movement Desensitization Reprocessing, ACT=Acceptance and Commitment Therapy, PST= Problem-Solving Therapy, MI=Motivational Interviewing.

2014-2015 PSYCHOLOGY FELLOWS

Ashley Breedlove
Nova Southeastern University
Dayton VA Medical Center – predoctoral internship
PCMHI track

Annel Cordero
Utah State University
Arizona State University – predoctoral internship
Chronic Pain Management track

Kyle Lowrey Alliant International University – San Diego
Louis Stokes Cleveland VA – predoctoral internship
General Mental Health/PTSD track

PHOENIX: A GREAT PLACE TO TRAIN AND LIVE

Metropolitan Phoenix is the fifth largest city in America with a population of more than three million. Despite its size, it remains affordable as compared to other large U.S. cities. Phoenix has striking architecture with Mexican, Spanish and Native American influences. Frank Lloyd Wright and his students designed several local buildings, homes and churches. Phoenix's principal industries are manufacturing of high technology products, agriculture, and tourism.

Phoenix has much to offer lovers of fine arts. Many cultural events are presented by entities such as the Phoenix Symphony Orchestra, the Phoenix Chamber Music Society, Scottsdale Center for Arts, Ballet Arizona and Musical Instrument Museum. The Arizona Opera Theater Company presents its season at the Herberger Theater. Phoenix has several specialized theater groups as well. The Heard Museum houses a renowned collection of Native American art and culture. The Phoenix Art Museum has a fine permanent collection and mounts several shows each year. The Desert Botanical Garden is world-renowned.

Phoenix offers over 300 days of sunshine; thus many year-round sporting activities are prevalent. Near Phoenix there are six man-made lakes where boating, fishing, and water skiing can be enjoyed. Arizona has three ski resorts, depending on snowfall. Phoenix is home to four major league professional sports teams: NBA's Phoenix Suns, NFL's Arizona Cardinals, MLB's Arizona Diamondbacks, and NHL's Phoenix Coyotes. Several major annual sporting events take place in Phoenix, including PGA and LPGA golf tournaments, and auto racing.

Arizona State University is located in Tempe, approximately 20 minutes from central Phoenix and has expanded to downtown Phoenix, where the University of Arizona has also expanded. The university library system is extensive and includes both an academic and a scientific branch. The Phoenix area also has many community colleges. The area has some private colleges as well, such as, Grand Canyon University, University of Phoenix, and the Thunderbird American Graduate School of International Management.

Pine forests are a two-hour drive from the city. The Grand Canyon is a four-hour drive to the north. The beaches of Mexico are a four-hour drive to the south. Sedona is an hour and a half away. Sky Harbor International Airport provides daily connections to all major international airports. Los Angeles, Las Vegas and San Diego are an hour away by plane or a six to seven hour drive. Although there is both a bus and light rail system in Phoenix, a car is a necessity.

For additional information about the Phoenix metropolitan areas please go to:
www.visitphoenix.com.

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